

Breastfeeding

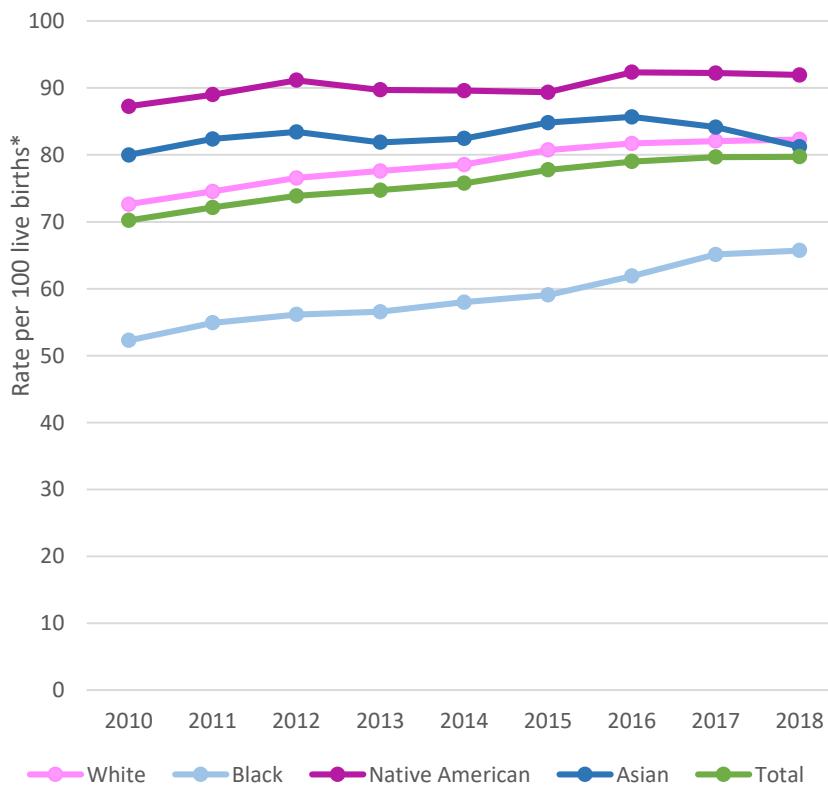
Background

Breastfeeding is one of the best ways to ensure that infants get the best possible start in life. Infants that do not breastfeed are at higher risk for adverse health outcomes, including ear and respiratory infection, and SIDS. Breastfeeding soon after birth provides very young infants with antibodies and immune protection from their mother, strengthening their ability to fight off infections and illnesses until their own immune system develops.¹ Additionally, though the size of the impact is not clear, research suggests that infants exclusively breastfed through 6 months of age are more likely to reach mental² and motor developmental³ milestones at one year of age. Breastfeeding has benefits for mothers as well: it reduces the risk for breast and ovarian cancer.¹ Additionally, women who exclusively breastfeed their babies demonstrate higher quality relationships with their infants at one year.⁴ The American Academy of Pediatrics recommends that all infants receive only breastmilk through 6 months of age.⁵

Breastfeeding Initiation and Continuation

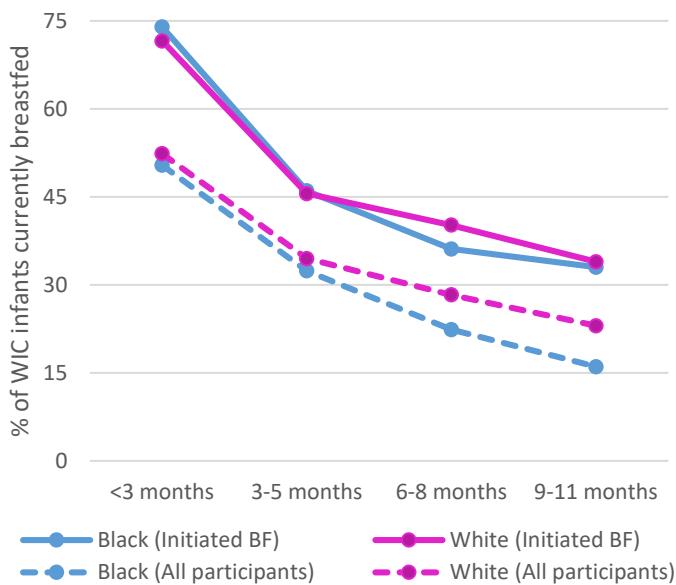
Not all Missouri mothers choose to breastfeed, and some of those who initiate breastfeeding are not successful in meeting their breastfeeding goals. Though breastfeeding initiation rates statewide increased by 10% between 2010 and 2018, from 70% to 80%, they remain lower than the national average. Additionally, only 57% of mothers who initiate breastfeeding continue to breastfeed for 6 months.⁶ Nationally, African-American mothers are 2.5 times less likely than white mothers to breastfeed their infants. This trend is seen in Missouri as well, though disparities in rate of initiation are lower than national trends. In Missouri in 2018, 65% of African-American mothers were breastfeeding their infants at the time of discharge from the hospital, compared to 82% of whites. Mothers who identify themselves as Native American have the highest rate of breastfeeding initiation in the state, at 92%.

Figure 1. Trends in Breastfeeding Initiation by Race, Missouri 2010-2018. Rates are calculated per 100 live births with known breastfeeding status⁷



Missouri Title V Facts: Breastfeeding

Figure 2. Breastfeeding by infant age and race among WIC participants. The dotted lines represent the rate among all participant infants; the solid lines represent the rate among infants whose mothers breastfed them at least once (initiated breastfeeding).



In Missouri, breastfeeding initiation rates are highest among more educated, older, and urban mothers.⁸ Women with household incomes less than 101% of the Federal Poverty Level (76%) and who had less than a high school education (72%) were the least likely to initiate breastfeeding. Additionally, women with pre-pregnancy depression, and those who reported that their pregnancy was unintended, were also significantly less likely to breastfeed than the statewide average.

Programs such as the Special Supplemental Nutrition for Women, Infants and Children (WIC) encourage breastfeeding among their participants with infants and seek to improve breastfeeding rates among lower-income Missourians. Missouri WIC staff are

trained to promote breastfeeding and provide education and support for breastfeeding mothers. WIC agencies are also required to create policies to ensure that breastfeeding support is provided through the prenatal and postpartum periods. Women on Medicaid who are also active WIC participants are more likely than non-WIC participants to breastfeed their infants for eight weeks. Additionally, 46% of WIC participant mothers with infants 3-6 months old who initiated breastfeeding were still partially- or fully breastfeeding, with comparable rates between African-American and white mothers.

Only 63% of Missouri mothers who initiate breastfeeding continue for at least 8 weeks. The Missouri PRAMS survey collects information on the reasons women stop breastfeeding. The most commonly-given explanations suggest that mothers are concerned about their milk supply or ability to meet their infants' nutritional needs through nursing alone. Nearly 6 in 10 (58%) of women who stopped breastfeeding their young infants stated that they believed that they had were not producing enough milk. A comparable number report that their infant had difficulty latching (35%), or that nursing caused them too much physical discomfort (28%).

“For both of my pregnancies, I had a hard time in the first few days breastfeeding, which resulted in lots of pain (bleeding nipples, etc.) for me & the baby. I was lucky and had lots of support (my husband, mother-in-law) that enabled me to pump, recover, and ultimately succeed in breastfeeding. But we need more ... lactation consultants, and they need to be there sooner after birth!”

—PRAMS respondent, St. Louis County

Missouri Title V Facts: Breastfeeding

Breastfeeding-Friendly Initiatives

The Baby-Friendly Hospital initiative (BFHI) program encourages hospitals to implement Ten Steps to Successful Breastfeeding, with the goal of breastfeeding success in all populations. In Missouri, eight hospitals maintain Baby-Friendly designation as of January 1, 2020.⁹ In 2018, 13.8% of live births in Missouri occurred in BFHI-accredited facilities, including 25.6% of all African-American live births. Mothers who gave birth at BFHI-accredited hospitals report higher rates of best practices overall, though disparities remain between the experiences of black mothers and white mothers. Compared to white mothers, black women are significantly less likely to report that their babies were fed only breastmilk in the hospital (55% vs. 69%). Additionally, black mothers at both BFHI-accredited *and* non-accredited hospitals have significantly higher rates of practices with negative impacts on breastfeeding success, including receiving formula samples (59% vs. 40%) and pacifier use in the hospital (70% vs. 60%).



What is Being Done?

Show Me 5 Hospitals: The Missouri Department of Health and Senior Services encourages all hospitals to implement all of the Ten Steps to Successful Breastfeeding, but also feels that hospitals that adopt the five steps of the “Show-Me 5” Hospital Initiative will assist mothers in meeting their feeding goals. 19 hospitals across the state are current Show-Me 5 hospitals. More information on the Show-Me 5 program is available at: <https://health.mo.gov/living/families/wic/breastfeeding/healthcare/showme5/>.

WIC: The WIC program is a key partner in Missouri efforts to promote breastfeeding among all mothers. All WIC agencies have staff able to provide breastfeeding education and support. Additionally, 88 of the state’s 117 local WIC agencies have peer breastfeeding counselors available. These peer counselors are community members with personal experience breastfeeding, who can provide information to support other mothers in their community who want to breastfeed their infants.

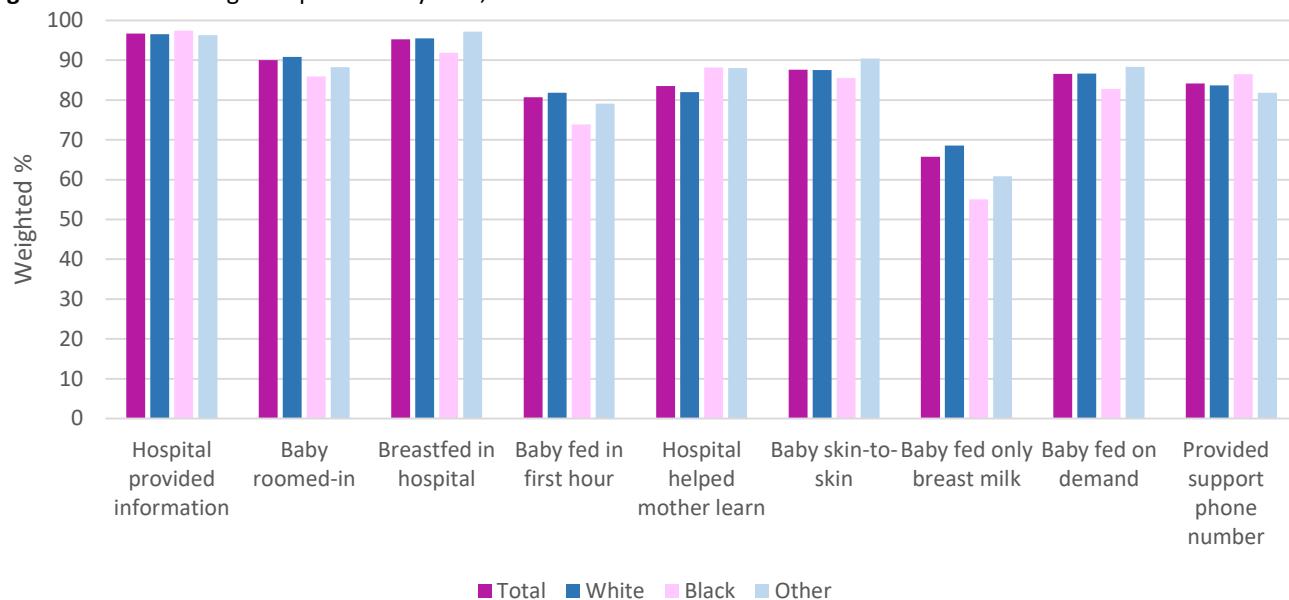
Breastfeeding-Friendly Worksite Program: Since 2014, the Missouri Department of Health and Senior Services has provided nearly 250 mini-grants to workplaces in the state to facilitate the development of lactation spaces for employees. Program participants receive \$500 and must become a breastfeeding-friendly workplace if they were not already. Child-care facilities that are breastfeeding-friendly can also apply for recognition as Breastfeeding-Friendly Child Care to demonstrate their commitment to encouraging breastfeeding among their clients with infants.

Local Public Health Agencies: Of the 114 local public health agencies in Missouri, 109 actively promote breastfeeding, and 52 work with community partners to further promote breastfeeding in their communities. Many local agencies employ certified lactation consultants, or breastfeeding peer counselors. Several offer breast pump lending programs or resources to better enable mothers to obtain quality breast pumps.

Home Visiting: DHSS-funded home visiting efforts encourage breastfeeding among their clients, by providing in-home support to assist with breastfeeding, discussing breastfeeding with mothers before the birth of their child(ren), and guiding them to other breastfeeding-supportive entities such as WIC.

Missouri Title V Facts: Breastfeeding

Figure 3. Breastfeeding best practices by race, PRAMS 2016-2018



MATERNAL RESOURCES

- ✓ <https://health.mo.gov/living/families/wic/breastfeeding>
- ✓ <https://www.womenshealth.gov/breastfeeding>
- ✓ <http://www.mobreastfeeding.org/resources/>

References:

1. Eidelman, A. I. & Schanler, R. J. (2012). Breastfeeding and the use of human milk. *Pediatrics*. 129(3): e827– e841.
2. Angelsen, N. K., Vik, T., Jacobsen, G., & Bakketeg, L. S. (2001). Breast feeding and cognitive development at age 1 ay, A. (2013). The effect of breastfeeding on neuro-development in infancy. *Maternal and chiland 5 years. Archives of disease in childhood*, 85(3), 183-188.
3. McCrory, C., & Murrd health journal, 17(9), 1680-1688.
4. Else-Quest, N. M., Hyde, J. S., & Clark, R. (2003). Breastfeeding, bonding, and the mother-infant relationship. *Merrill-Palmer Quarterly* 49(4):495-517.
5. Eidelman, A. I., & Schanler, R. J. (2012). Breastfeeding and the use of human milk. *Pediatrics*. 129(3), e827–e841
6. Centers for Disease Control and Prevention. National Immunization Survey. http://www.cdc.gov/breastfeeding/data/NIS_data. Accessed March 02, 2020.
7. Missouri Department of Health and Senior Services (DHSS), Bureau of Epidemiology and Vital Statistics. Birth File, 2018.
8. Missouri Department of Health and Senior Services (DHSS), Bureau of Epidemiology and Vital Statistics. Pregnancy Risk Assessment Monitoring System, 2016-2018.
9. Baby Friendly USA. Baby Friendly Facilities by State. Retrieved from: <https://www.babyfriendlyusa.org/for-parents/baby-friendly-facilities-by-state/>. Accessed 02 March, 2020.